



**Australian Government**

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**Department of Health**

**SCHEDULE OF PHARMACEUTICAL  
BENEFITS**

**SUMMARY OF CHANGES**

**EFFECTIVE 1 June 2014**

## PHARMACEUTICAL BENEFITS

These changes to the Schedule of Pharmaceutical Benefits are effective from 1 June 2014. The Schedule is updated on the first day of each month and is available on the Internet at [www.pbs.gov.au](http://www.pbs.gov.au).

### Fees, Patient Contributions and Safety Net Thresholds

The following fees, patient contributions and safety net thresholds apply as at 1 June 2014 and are included, where applicable, in prices published in the Schedule —

Dispensing Fees:	Ready-prepared	\$6.63
	Dangerous drug fee	\$2.71
	Extemporaneously-prepared	\$8.67
	Allowable additional patient charge*	\$4.19
Additional Fees (for safety net prices):	Ready-prepared	\$1.13
	Extemporaneously-prepared	\$1.48
Patient Co-payments:	General	\$36.90
	Concessional	\$6.00
Safety Net Thresholds:	General	\$1421.20
	Concessional	\$360.00
Safety Net Card Issue Fee:		\$9.26

\*The allowable additional patient charge is a discretionary charge to general patients if a pharmaceutical item has a dispensed price for maximum quantity less than the general patient co-payment. The pharmacist may charge general patients the allowable additional fee but the fee cannot take the cost of the prescription above the general patient co-payment for the medicine. This fee does not count towards the Safety Net threshold.

## SUMMARY OF CHANGES

### Additions

#### Addition – Item

10093F	<b>Arginine With Carbohydrate</b> , arginine with carbohydrate containing 5 g arginine oral liquid: powder for, 30 x 7.6 g sachets ( <i>Arginine 5000</i> )
10103R	<b>Exemestane</b> , exemestane 25 mg tablet, 30 ( <i>APO-Exemestane, Aromasin, Exaccord, Exemestane-GA, Exemestane GH, Exemestane Pfizer, Exemestane Sandoz</i> )
10101P	<b>Glucose Indicator Blood</b> , glucose indicator blood strip: diagnostic, 100 ( <i>GoodLife</i> )
10099M	<b>Glucose Indicator Blood</b> , glucose indicator blood strip: diagnostic, 100 ( <i>GoodLife</i> )
10104T	<b>Iron</b> , iron (as ferric carboxymaltose) 500 mg/10 mL injection, 1 x 10 mL vial ( <i>ferinject</i> )
10096J	<b>Tapentadol</b> , tapentadol 50 mg tablet: modified release, 28 ( <i>Palexia SR</i> )
10094G	<b>Tapentadol</b> , tapentadol 100 mg tablet: modified release, 28 ( <i>Palexia SR</i> )
10100N	<b>Tapentadol</b> , tapentadol 150 mg tablet: modified release, 28 ( <i>Palexia SR</i> )
10091D	<b>Tapentadol</b> , tapentadol 200 mg tablet: modified release, 28 ( <i>Palexia SR</i> )
10092E	<b>Tapentadol</b> , tapentadol 250 mg tablet: modified release, 28 ( <i>Palexia SR</i> )

#### Addition – Brand

9183H	<i>Fonat Plus, AF – Alendronate + Colecalciferol</i> , alendronate 70 mg + colecalciferol 140 microgram tablet, 4
9049G	<i>Cadivast 5/10, AF – Amlodipine + Atorvastatin</i> , amlodipine 5 mg + atorvastatin 10 mg tablet, 30
9050H	<i>Cadivast 5/20, AF – Amlodipine + Atorvastatin</i> , amlodipine 5 mg + atorvastatin 20 mg tablet, 30
9051J	<i>Cadivast 5/40, AF – Amlodipine + Atorvastatin</i> , amlodipine 5 mg + atorvastatin 40 mg tablet, 30
9052K	<i>Cadivast 5/80, AF – Amlodipine + Atorvastatin</i> , amlodipine 5 mg + atorvastatin 80 mg tablet, 30
9053L	<i>Cadivast 10/10, AF – Amlodipine + Atorvastatin</i> , amlodipine 10 mg + atorvastatin 10 mg tablet, 30
9054M	<i>Cadivast 10/20, AF – Amlodipine + Atorvastatin</i> , amlodipine 10 mg + atorvastatin 20 mg tablet, 30
9055N	<i>Cadivast 10/40, AF – Amlodipine + Atorvastatin</i> , amlodipine 10 mg + atorvastatin 40 mg tablet, 30
9056P	<i>Cadivast 10/80, AF – Amlodipine + Atorvastatin</i> , amlodipine 10 mg + atorvastatin 80 mg tablet, 30
8295N	<i>Chem mart Candesartan, CH – Candesartan</i> , candesartan cilexetil 4 mg tablet, 30
8295N	<i>Terry White Chemists Candesartan, TW – Candesartan</i> , candesartan cilexetil 4 mg tablet, 30
8296P	<i>Chem mart Candesartan, CH – Candesartan</i> , candesartan cilexetil 8 mg tablet, 30
8296P	<i>Terry White Chemists Candesartan, TW – Candesartan</i> , candesartan cilexetil 8 mg tablet, 30
8297Q	<i>Chem mart Candesartan, CH – Candesartan</i> , candesartan cilexetil 16 mg tablet, 30
8297Q	<i>Terry White Chemists Candesartan, TW – Candesartan</i> , candesartan cilexetil 16 mg tablet, 30
8889W	<i>Chem mart Candesartan, CH – Candesartan</i> , candesartan cilexetil 32 mg tablet, 30
8889W	<i>Terry White Chemists Candesartan, TW – Candesartan</i> , candesartan cilexetil 32 mg tablet, 30
8504N	<i>Chem mart Candesartan HCTZ 16/12.5, CH – Candesartan + Hydrochlorothiazide</i> , candesartan cilexetil 16 mg + hydrochlorothiazide 12.5 mg tablet, 30
8504N	<i>Terry White Chemists Candesartan HCTZ 16/12.5, TW – Candesartan + Hydrochlorothiazide</i> , candesartan cilexetil 16 mg + hydrochlorothiazide 12.5 mg tablet, 30
9314F	<i>Chem mart Candesartan HCTZ 32/12.5, CH – Candesartan + Hydrochlorothiazide</i> , candesartan cilexetil 32 mg + hydrochlorothiazide 12.5 mg tablet, 30
9314F	<i>Terry White Chemists Candesartan HCTZ 32/12.5, TW – Candesartan + Hydrochlorothiazide</i> , candesartan cilexetil 32 mg + hydrochlorothiazide 12.5 mg tablet, 30
9315G	<i>Chem mart Candesartan HCTZ 32/25, CH – Candesartan + Hydrochlorothiazide</i> , candesartan cilexetil 32 mg + hydrochlorothiazide 25 mg tablet, 30
9315G	<i>Terry White Chemists Candesartan HCTZ 32/25, TW – Candesartan + Hydrochlorothiazide</i> , candesartan cilexetil 32 mg + hydrochlorothiazide 25 mg tablet, 30
1335G	<i>Diltiazem Actavis, UA – Diltiazem</i> , diltiazem hydrochloride 60 mg tablet, 90
1370D	<i>Enalapril Actavis, UA – Enalapril</i> , enalapril maleate 5 mg tablet, 30
1368B	<i>Enalapril Actavis, UA – Enalapril</i> , enalapril maleate 10 mg tablet, 30
8506Q	<i>Exemestane GH, GQ – Exemestane</i> , exemestane 25 mg tablet, 30
2849Y	<i>Lamotrigine Aspen 50, FM – Lamotrigine</i> , lamotrigine 50 mg tablet, 56
3316M	<i>Paracetamol/Codeine GH 500/30, GQ – Paracetamol + Codeine</i> , CODEINE PHOSPHATE with PARACETAMOL Tablet 30 mg-500 mg, 20
1215Y	<i>Paracetamol/Codeine GH 500/30, GQ – Paracetamol + Codeine</i> , CODEINE PHOSPHATE with PARACETAMOL Tablet 30 mg-500 mg, 20
8785J	<i>Paracetamol/Codeine GH 500/30, GQ – Paracetamol + Codeine</i> , CODEINE PHOSPHATE with PARACETAMOL Tablet 30 mg-500 mg, 20
8509W	<i>Rabeprazole RBX, RA – Rabeprazole</i> , rabeprazole sodium 20 mg tablet: enteric, 30
8508T	<i>Rabeprazole RBX, RA – Rabeprazole</i> , rabeprazole sodium 20 mg tablet: enteric, 30
9079W	<i>Risperidone Actavis 2, UA – Risperidone</i> , risperidone 2 mg tablet, 60
3170W	<i>Risperidone Actavis 2, UA – Risperidone</i> , risperidone 2 mg tablet, 60

3171X *Risperidone Actavis 3, UA – Risperidone*, risperidone 3 mg tablet, 60

### Addition – Restriction

2819J **Everolimus**, everolimus 5 mg tablet, 30 (*Afinitor*)  
 2985D **Everolimus**, everolimus 10 mg tablet, 30 (*Afinitor*)

### Deletions

#### Deletion – Brand

1453L *Lopid, PF – Gemfibrozil*, gemfibrozil 600 mg tablet, 60  
 9248R *Lopid, PF – Gemfibrozil*, gemfibrozil 600 mg tablet, 60  
 3064G *Lac-Dol, GN – Lactulose*, LACTULOSE Mixture 3.34 g per 5 mL, 500 mL, 1  
 5388N *Lac-Dol, GN – Lactulose*, LACTULOSE Mixture 3.34 g per 5 mL, 500 mL, 1 (**Palliative Care**)  
 5387M *Lac-Dol, GN – Lactulose*, LACTULOSE Mixture 3.34 g per 5 mL, 500 mL, 1 (**Palliative Care**)  
 8649F *Imulate, QA – Mycophenolate*, mycophenolate mofetil 250 mg capsule, 100  
 8650G *Imulate, QA – Mycophenolate*, mycophenolate mofetil 500 mg tablet, 50

### Alterations

#### Alteration – Manufacturer's Code

		<i>From:</i>	<i>To:</i>
1671Y	<i>Deca-Durabolin, AS – Nandrolone Decanoate</i> , nandrolone decanoate 50 mg/mL injection, 1 x 1 mL syringe	MK	AS
1781R	<i>Ovestin, AS – Oestriol</i> , oestriol 0.1% (1 mg/g) cream, 15 g	MK	AS
1771F	<i>Ovestin Ovula, AS – Oestriol</i> , oestriol 500 microgram pessary, 15	MK	AS

### Advance Notices

#### Advance Notices – Deletion of Item

The following items will be deleted from the Schedule of Pharmaceutical Benefits on 1 July 2014:

9198D **Nicotine**, NICOTINE Transdermal patch releasing approximately 15 mg per 16 hours, 28 (*Nicorette Patch*)

The following items will be deleted from the Schedule of Pharmaceutical Benefits on 1 September 2014:

8098F **Testosterone**, testosterone 100 mg implant, 1 (*Merck Sharp & Dohme (Australia) Pty Ltd*)

8099G **Testosterone**, testosterone 200 mg implant, 1 (*Merck Sharp & Dohme (Australia) Pty Ltd*)

#### Advance Notices – Deletion of Brand

The following brand will be deleted from the Schedule of Pharmaceutical Benefits on 1 July 2014:

1335G *Coras, AF – Diltiazem*, diltiazem hydrochloride 60 mg tablet, 90

## SECTION 100 – HIGHLY SPECIALISED DRUGS PROGRAM

### Deletions

#### Deletion – Brand

9501C *Imulate, QA – Mycophenolate*, mycophenolate mofetil 250 mg capsule, 100 (**Public**)  
 6208R *Imulate, QA – Mycophenolate*, mycophenolate mofetil 250 mg capsule, 100 (**Private**)  
 9502D *Imulate, QA – Mycophenolate*, mycophenolate mofetil 500 mg tablet, 50 (**Public**)  
 6209T *Imulate, QA – Mycophenolate*, mycophenolate mofetil 500 mg tablet, 50 (**Private**)

### Advance Notices

#### Advance Notices – Deletion of Item

The following items will be deleted from the Schedule of Pharmaceutical Benefits on 1 September 2014:

5821J **Darunavir**, darunavir 400 mg tablet, 60 (*Prezista*)(**Public**)

5823L **Darunavir**, darunavir 400 mg tablet, 60 (*Prezista*)(**Private**)

## REPATRIATION PHARMACEUTICAL BENEFITS

### Additions

#### Addition – Item

10098L	<b>Dressing Hydrofibre With Silver</b> , dressing hydrofibre with silver 15 cm x 15 cm dressing, 5 ( <i>Aquacel Ag 403710</i> )
10097K	<b>Dressing Hydrofibre With Silver</b> , dressing hydrofibre with silver 10 cm x 10 cm dressing, 10 ( <i>Aquacel Ag 403708</i> )
10105W	<b>Dressing Hydrofibre With Silver</b> , dressing hydrofibre with silver 2 cm x 45 cm rope, 5 ( <i>Aquacel Ag 403771</i> )
10095H	<b>Dutasteride</b> , dutasteride 500 microgram capsule, 30 ( <i>Avodart</i> )
10102Q	<b>Dutasteride + Tamsulosin</b> , dutasteride 500 microgram + tamsulosin hydrochloride 400 microgram capsule: modified release, 30 ( <i>Duodart 500ug/400ug</i> )
10106X	<b>Imiquimod</b> , imiquimod 5% cream, 2 x 2 g pump packs ( <i>Aldara Pump</i> )

#### Addition – Brand

4010C	<i>Aporyl, TX</i> – <b>Amorolfine</b> , amorolfine 5% application, 5 mL
4115N	<i>Azithromycin-GA, UA</i> – <b>Azithromycin</b> , azithromycin 500 mg tablet, 3
4179Y	<i>Piax, AF</i> – <b>Clopidogrel</b> , clopidogrel 75 mg tablet, 28
4591P	<i>Gabapentin Aspen 100, FM</i> – <b>Gabapentin</b> , gabapentin 100 mg capsule, 100
4592Q	<i>Gabapentin Aspen 300, FM</i> – <b>Gabapentin</b> , gabapentin 300 mg capsule, 100
4593R	<i>Gabapentin Aspen 400, FM</i> – <b>Gabapentin</b> , gabapentin 400 mg capsule, 100
4594T	<i>Gabapentin Aspen 600, FM</i> – <b>Gabapentin</b> , gabapentin 600 mg tablet, 100
4595W	<i>Gabapentin Aspen 800, FM</i> – <b>Gabapentin</b> , gabapentin 800 mg tablet, 100
4134N	<i>Aldiq, QA</i> – <b>Imiquimod</b> , imiquimod 5% cream, 12 x 250 mg sachets
4559Y	<i>Aldiq, QA</i> – <b>Imiquimod</b> , imiquimod 5% cream, 12 x 250 mg sachets
4584G	<i>APO-Sildenafil, TX</i> – <b>Sildenafil</b> , sildenafil 25 mg tablet, 4
4585H	<i>APO-Sildenafil, TX</i> – <b>Sildenafil</b> , sildenafil 50 mg tablet, 4
4586J	<i>APO-Sildenafil, TX</i> – <b>Sildenafil</b> , sildenafil 100 mg tablet, 4
4586J	<i>Chem mart Sildenafil, CH</i> – <b>Sildenafil</b> , sildenafil 100 mg tablet, 4
4586J	<i>Terry White Chemists Sildenafil, TW</i> – <b>Sildenafil</b> , sildenafil 100 mg tablet, 4
4070F	<i>Tamsulosin Sandoz SR, SZ</i> – <b>Tamsulosin</b> , tamsulosin hydrochloride 400 microgram tablet: modified release, 30

#### Addition – Note

4134N	<b>Imiquimod</b> , imiquimod 5% cream, 12 x 250 mg sachets
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#### Addition – Equivalence Indicator

4010C	<i>Loceryl, GA</i> – <b>Amorolfine</b> , amorolfine 5% application, 5 mL
4584G	<i>Viagra, PF</i> – <b>Sildenafil</b> , sildenafil 25 mg tablet, 4
4585H	<i>Viagra, PF</i> – <b>Sildenafil</b> , sildenafil 50 mg tablet, 4
4586J	<i>Viagra, PF</i> – <b>Sildenafil</b> , sildenafil 100 mg tablet, 4

### Advance Notices

#### Advance Notices – Deletion of Item

The following items will be deleted from the Schedule of Pharmaceutical Benefits on 1 July 2014:

4579B	<b>Alprostadil</b> , alprostadil 10 microgram injection [2 x 10 microgram syringes] (&) inert substance diluent [2 x 0.6 mL syringes], 1 pack ( <i>Caverject Impulse</i> )
4580C	<b>Alprostadil</b> , alprostadil 20 microgram injection [2 x 20 microgram syringes] (&) inert substance diluent [2 x 0.6 mL syringes], 1 pack ( <i>Caverject Impulse</i> )

## GENERAL PHARMACEUTICAL BENEFITS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty (Packs)	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Brand Name and Manufacturer
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### ARGININE WITH CARBOHYDRATE

#### **Restricted benefit**

Urea cycle disorders

#### **Note**

Arginine with carbohydrate is not indicated for the treatment of arginase deficiency and other inborn errors of protein metabolism.

10093F NP	arginine with carbohydrate containing 5 g arginine oral liquid: powder for, 30 x 7.6 g sachets	4	5	..	*1023.31	36.90	Arginine 5000	VF
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### EVEROLIMUS

#### **Authority required**

Tuberous sclerosis complex (TSC)

Treatment Phase: Initial treatment

#### **Clinical criteria:**

The condition must be subependymal giant cell astrocytomas (SEGAs) associated with TSC; OR

The condition must be visceral tumours associated with TSC,

#### **AND**

The treatment must be the sole PBS-subsidised therapy for this condition,

#### **AND**

Patient must not be a candidate for curative surgical resection.

#### **Note**

Special Pricing Arrangements apply.

#### **Authority required**

Tuberous sclerosis complex (TSC)

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

The condition must be subependymal giant cell astrocytomas (SEGAs) associated with TSC; OR

The condition must be visceral tumours associated with TSC,

#### **AND**

The treatment must be the sole PBS-subsidised therapy for this condition,

#### **AND**

Patient must have previously been treated with PBS-subsidised everolimus for this condition,

#### **AND**

Patient must have demonstrated a response to prior treatment.

#### **Note**

Special Pricing Arrangements apply.

#### **Authority required**

Metastatic (Stage IV) breast cancer

#### **Clinical criteria:**

The condition must be hormone receptor positive,

#### **AND**

The condition must be human epidermal growth factor receptor 2 (HER2) negative,

#### **AND**

The condition must have acquired endocrine resistance as demonstrated by initial response and then recurrence or progression of disease after treatment with letrozole or anastrozole,

#### **AND**

The treatment must be in combination with exemestane.

#### **Population criteria:**

Patient must be female,

#### **AND**

Patient must be post-menopausal.

#### **Note**

## GENERAL PHARMACEUTICAL BENEFITS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty (Packs)	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Brand Name and Manufacturer	
Patients who have progressive disease with everolimus are no longer eligible for PBS-subsidised everolimus.								
<b>Note</b>								
Special Pricing Arrangements apply.								
2819J	everolimus 5 mg tablet, 30	1	5	..	2846.57	36.90	Afinitor	NV
2985D	everolimus 10 mg tablet, 30	1	5	..	5546.57	36.90	Afinitor	NV
<b>EXEMESTANE</b>								
<b>Restricted benefit</b>								
Metastatic (Stage IV) breast cancer								
<b>Clinical criteria:</b>								
The condition must be hormone receptor positive,								
<b>AND</b>								
The condition must be human epidermal growth factor receptor 2 (HER2) negative,								
<b>AND</b>								
Patient must be receiving PBS-subsidised everolimus concomitantly for this condition.								
<b>Population criteria:</b>								
Patient must be female,								
<b>AND</b>								
Patient must be post-menopausal.								
10103R	exemestane 25 mg tablet, 30	1	5	..	130.69	36.90	<sup>a</sup> APO-Exemestane	TX
							<sup>a</sup> Aromasin	PF
							<sup>a</sup> Exaccord	RA
							<sup>a</sup> Exemestane-GA	GN
							<sup>a</sup> Exemestane GH	GQ
							<sup>a</sup> Exemestane Pfizer	FZ
							<sup>a</sup> Exemestane Sandoz	SZ
<b>GLUCOSE INDICATOR BLOOD</b>								
10101P NP	glucose indicator blood strip: diagnostic, 100	‡1	5	..	53.37	36.90	GoodLife	JN
<b>GLUCOSE INDICATOR BLOOD</b>								
<b>Restricted benefit</b>								
Blood glucose monitoring								
<b>Clinical criteria:</b>								
Patient must be receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.								
<b>Note</b>								
No increase in the maximum quantity or number of units may be authorised.								
<b>Note</b>								
No increase in the maximum number of repeats may be authorised.								
10099M	glucose indicator blood strip: diagnostic, 100	‡1	11	..	53.37	36.90	GoodLife	JN
<b>IRON</b>								
10104T NP	iron (as ferric carboxymaltose) 500 mg/10 mL injection, 1 x 10 mL vial	2	1	..	*317.09	36.90	ferinject	VL
<b>TAPENTADOL</b>								
<b>Restricted benefit</b>								
Chronic severe disabling pain								
<b>Clinical criteria:</b>								
The condition must be unresponsive to non-narcotic analgesics.								
<b>Caution</b>								
The risk of drug dependence is high.								

## GENERAL PHARMACEUTICAL BENEFITS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty (Packs)	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Brand Name and Manufacturer	
<b>Note</b>								
Authorities for increased maximum quantities and/or repeats will be granted only for:								
(i) chronic severe disabling pain associated with proven malignant neoplasia; or								
(ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or								
(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or								
(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-narcotic analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.								
10096J NP	tapentadol 50 mg tablet: modified release, 28	1	..	..	22.47	23.60	Palexia SR	CS
10094G NP	tapentadol 100 mg tablet: modified release, 28	1	..	..	31.52	32.65	Palexia SR	CS
10100N NP	tapentadol 150 mg tablet: modified release, 28	1	..	..	40.22	36.90	Palexia SR	CS
10091D NP	tapentadol 200 mg tablet: modified release, 28	1	..	..	47.36	36.90	Palexia SR	CS
10092E NP	tapentadol 250 mg tablet: modified release, 28	1	..	..	53.02	36.90	Palexia SR	CS

## REPATRIATION PHARMACEUTICAL BENEFITS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty (Packs)	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Brand Name and Manufacturer	
<b>DRESSING HYDROFIBRE WITH SILVER</b>								
<b><u>Authority required</u></b>								
Wound critical colonisation or chronic wounds that have not responded to conventional dressings								
<b>Clinical criteria:</b>								
Patient must have a wound where there is evidence of critical colonisation; OR								
Patient must have a well-assessed chronic wound that has not responded to conventional dressings.								
10098L	dressings hydrofibre with silver 15 cm x 15 cm dressing, 5	1	1	..	279.32	6.00	Aquacel Ag 403710	CC
10097K	dressings hydrofibre with silver 10 cm x 10 cm dressing, 10	1	1	..	262.27	6.00	Aquacel Ag 403708	CC
10105W	dressings hydrofibre with silver 2 cm x 45 cm rope, 5	1	1	..	224.65	6.00	Aquacel Ag 403771	CC
<b>DUTASTERIDE</b>								
<b><u>Authority required</u></b>								
Benign prostatic hyperplasia								
<b>Clinical criteria:</b>								
Patient must be one in whom surgery is inappropriate; OR								
Patient must have failed to respond to other drug treatment or other drug treatment must be contraindicated.								
10095H	dutasteride 500 microgram capsule, 30	1	5	..	30.64	6.00	Avodart	GK
<b>DUTASTERIDE + TAMSULOSIN</b>								
<b><u>Authority required</u></b>								
Benign prostatic hyperplasia								
<b>Clinical criteria:</b>								
Patient must be one in whom surgery is inappropriate; OR								
Patient must have failed to respond to other drug treatment or other drug treatment must be contraindicated.								
10102Q	dutasteride 500 microgram + tamsulosin hydrochloride 400 microgram capsule: modified release, 30	1	5	..	35.50	6.00	Duodart 500ug/400ug	GK
<b>IMIQUIMOD</b>								
<b><u>Authority required</u></b>								
Solar keratosis								
<b>Clinical criteria:</b>								
Patient must require topical drug therapy on the face and scalp as field treatment for clinically visible and subclinical lesions where other standard treatments are inappropriate.								
<b>Note</b>								
Pharmaceutical benefits that have the form imiquimod single use sachets and pharmaceutical benefits that have the form imiquimod multi-use pump are equivalent for the purposes of substitution.								
10106X	imiquimod 5% cream, 2 x 2 g pump packs	1	1	..	135.59	6.00	<sup>a</sup> Aldara Pump	IA
4134N	imiquimod 5% cream, 12 x 250 mg sachets	1	1	..	135.59	6.00	<sup>a</sup> Aldara	IA
							<sup>a</sup> Aldiq	QA
							<sup>a</sup> APO-Imiquimod	TX